

WORKER'S COMPENSATION INSURANCE-COVERAGE INFORMATION FORM
(attach to building permit application)

A. Name of applicant: _____
Applicant or Contractor is a contractor within the meaning of the Pennsylvania Worker's Compensation Law?
_____ YES _____ NO

If the answer is "yes" complete Sections B & D below as appropriate.

If the answer is "no" complete sections C&D below as appropriate.

B. Insurance Information

Contractor: _____

Name

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for worker's compensation _____ Certificate attached

Name of Worker's Compensation Insurer _____

_____ Certificate Attached Policy No. _____ Expiration Date _____

C. Exemption (Complete Section C if the applicant is a contractor claiming exemption from providing worker's compensation insurance.)

The undersigned swears or affirms that he/she is not required to provide worker's compensation insurance under the provisions of Pennsylvania's Worker's Compensation Law for one of the following reasons, as indicated:

_____ Property owner doing the work. If the property owner does not hire contractor to perform any work pursuant to building permit, contractor must provide proof of Worker's Compensation Insurance to Jackson Township. Homeowner assumes liability for contractor compliance with this requirement.

_____ Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to Jackson Township.

_____ Religious exemption under Worker's Compensation Law. All employees of contractor are exempt from Worker's Compensation insurance (attach copies of religious exemption letters for all employees).

D. Signatures

Applicant

Municipality

Address

County of

Subscribed, sworn to and acknowledged before me by the above this _____ day of _____

Notary Public